

State of Alaska Department of Corrections Inmate Health

Name				
DOB	OBSCIS#:	Age:	Sex:	
Medication	Allergies:			
Current Mo	edications:			
				05/16

_Nurse's Signature: _

Drug Withdrawal

OBTAIN VERIFICATION OF	CURRENT	MEDICATIONS:	Prescripti	on bottles	or ROI to	MD

Subjective: Time Last took Medication:
Amount, duration, and frequency of drugs consumed prior to incarceration:
Other medication taken :
Alcohol taken:
Hx of : □ Diabetes □ hypertension □ seizures □ other medical problems
Patient complains of: □ Nausea □ Vomiting □ Feelings of nervousness □ Headache □ Tremors Where? □ Visual Disturbances □ Tactile Disturbances □ Auditory Disturbances □ Oriented to day, place, person □ Hallucinations
Objective: Vital Signs: BRAC Temp Pulse Resp B/P Blood Sugar Oriented X 3 Alert
Findings: Acute Possible Drug Withdrawal from
Actions: Drug withdrawal requires contacting the Medical Provider and Mental Health for individualized medication orders and treatment plan.
*If the patient is on Benzodiazepines abrupt withdrawal is contraindicated.
If patient shows signs of even just mild symptoms of withdrawal, tremulousness, irritability, anorexia, nausea, and occasional hallucinations call practitioner to initiate detox protocol and obtain individualized medication and treatment orders:
 Vital Signs TID up to every 6 hours to include blood pressure, heart rate, and temperature Notify facility provider or on-call provider any time: a. BP < 90/60 mmHg [or] BP > 180/110 mmHg b. New onset of HR < 60 [or] HR > 120 bpm sustained for more than 15 minutes c. Temp > 101 F d. Nausea or vomiting despite treatment e. Clinical Opiate Withdrawal Score (COWS) increases by ≥ 6 points from initial score despite treatment f. Pregnancy: alternate withdrawal medications must be used in pregnancy 3) Alert provider if chronic use of alcohol is known or suspected; consider Thiamine in such cases.
Provider contacted: Date & Time:
Orders received: